FIRE ALARM PERMIT

ADDRESS:______ City/Vil/Twp:_____

Located on the_____ side of the street Between_____ and ____

LUCAS COUNTY **BUILDING REGULATIONS** 1115 S. McCORD ROAD HOLLAND, OH 43528-9596

Parcel I.D. #_____ PHONE 419-213-2990 FAX 419- 213-2992 Date Received _____

Owner		_ Street Add	ress			
Phone Number	City	State	Zip			
Installer		_ Street Add	Street Address			
Phone Number	City	State	Zip			
Designer/Architect/Engineer			Ohio Registration No			
1 – Use Group 2 – S	Specific Occupancy	3 – Type	e of Construction	4 – Building Are	aGross Sq.Ft.	
5 – Number of Devices						
6 – Class of Work – New	Alteration	Ad	ldition	Other		
7 – Description of Work						
Commercial Fee	Reinspection Fee \$30.00					
Base Fee \$75.00	\$3.00 per head	+ 3%	State Surcharge		=\$TOTAL FEE DUE	
Notes:						
Approved by	Date					
WARNING – The approval of plans pemployee of this division does not legal IN CONSIDERATION OF THE Govenant and agree to construct said we statements as made are correct and true	lize any illegal construction or and RANTING OF THIS PERMI ork in all respects in compliance v	rangement. T, I, or we, agree with the provisions	to save the County of Luca s of the Statutes of the State	as, harmless from any and all c	lamages, I, or we, do hereby	
Name of Owner			Owners Agent_			
Signature	Date		Signature		_ Date	